



Health Professions Quality Assurance
P.O. Box 47867
Olympia, WA 98504-7867

***Only School Completion Forms sent directly from the school to the Washington State Department of Health will be accepted.**

Board of Massage School Completion Form

PLEASE USE BLUE INK TO COMPLETE THIS FORM

If your school offers more than one massage program OR if there is more than one campus, then each individual campus and/or program must be approved by the Board of Massage. The school program and/or campus must be approved prior to the applicant's graduation date. If an applicant did not graduate from a Washington State Board approved campus and/or program, then the applicant is not eligible for licensure.

Candidate Name _____ ☐ Check if candidate completed transfer program.

Board Of Massage Approved Training Program

Name of School _____

Name of Approved Program _____

(Some schools offer more than one program, therefore the specific name of the program that was approved is required.)

Place Washington State Board Approved School Stamp in the box below **(form is not valid without number stamp)**.

Entry Date of Program ____/____/____

Date Program Completed ____/____/____

Number of Hours Completed _____

(The number of hours completed by the student **must meet** the hours in the school application approved by the Board of Massage.)

NOTE: In order to be licensed with the state of Washington, applicants must meet the training requirements as outlined in **WAC 246-830-430** titled **Training**, which states *"These five hundred hours are not to be completed in less than six months."*

AUTHORIZED SIGNATURE OF SCHOOL REGISTRAR OR REPRESENTATIVE

First Aid/CPR/AIDS Training

Date Training Completed:
Month/Day/Year

First Aid _____ TRAINING PROVIDED BY _____

CPR _____ TRAINING PROVIDED BY _____

AIDS Education _____ TRAINING PROVIDED BY _____